

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$249.00 for dates of service 02/27/01, 10/01/01, 10/26/01, and 12/04/01.
- b. The request was received on 03/28/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62s
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Requestor did not file two copies of additional documentation as required by Rule 133.307 (g)(3).
4. Request for additional information faxed by the Commission per Rule 133.307(g)(3).

### **III. PARTIES' POSITIONS**

1. Requestor:

The Requestor did not submit a letter requesting dispute resolution.
2. Respondent:

The Respondent did not submit a letter responding to dispute resolution.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review are 02/27/01, 10/01/01, 10/26/01, and 12/04/01.
2. The denial code listed on the EOB is "N-Not documented. Upon review, documentation as submitted does not support the level of service billed."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
02/27/01	99214	\$90.00	\$0.00	N	\$71.00	MFG E/M (IV)(C)(1-3) CPT descriptor	The carrier denied reimbursement for DOS as not documented. The provider did not submit documentation to support the DOS in dispute, per the Rule referenced. Therefore, reimbursement is not recommended.
10/01/01 10/26/01 12/04/01	99213	\$53.00 \$53.00 \$53.00	\$0.00 \$0.00 \$0.00	N	\$48.00	MFG E/M (IV)(C)(1-3) CPT descriptor	The carrier denied reimbursement for the DOS as not documented. The provider did not submit documentation to support the DOS in dispute, per the Rule referenced. Therefore, reimbursement is not recommended.
<b>Totals</b>		\$249.00	\$0.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 16th day of July 2002.

Michael Bucklin, LVN  
Medical Dispute Resolution Officer  
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.